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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2023 FT 28 PH 1: 45

A. PARISHANI

COVER LETTER

Régistration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

| SUBJECT: | TAMPA BAY K | PEAL ESTATE HOLD | omes, LLC |
|---------------------------------|----------------------------------|---|--|
| | Name of Limi | ited Liability Company | |
| | | | 2023 |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | 2023 A** 28 |
| Please return all correspo | ndence concerning this matter | to the following: | |
| · | - | · | PH |
| | ESTHE | ER A CASTRO | PH 1: 45 |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | | runeCompany | |
| | P.O. | BOX 20814 | |
| | | Address | |
| | Ta | mar Er 33677 | |
| | | nPA, FL 33622 City/State and Zip Code | |
| | | minaret egmail. | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information of | oncerning this matter, please ca | ull: | |
| Esthe | - D. Castro | at (<u>8/3</u>) <u>833</u> Area Code Daytino | 3-5573 |
| Name o | f Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | ☐ \$60.00 Filing Fee, |
| | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| | | (additional copy is enclosed) | (additional copy is enclosed) |
| | | | |
| Mailing Addres | | Street Address: | ation |
| Registration S Division of C | | Registration Sec Division of Cor | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

20

| OF | ı | | 23 |
|--|------------------------------------|-------------------------------|----------------------|
| | | | - |
| TAMPA BAY REAL ESTAT | F HOLDIN | 765 LLC | 2 3 |
| Name of the Limited Liability Company (A Florida Limited Lia | as it now appea bility Company) | rs on our records.) | <u> </u> |
| The Articles of Organization for this Limited Liability Company w | ere filed on | 8/15/2023 | |
| Florida document number <u>623000 384/39</u> | | | or Ol |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabili | ty company ho | ere: | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the c | esignation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | , |
| (Principal office address MUST BE A STREET ADDRESS) | 1797 | 3 DAIRY FAR | mcT_ |
| | LAND | G'LAKES, F | 1 34638 |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | P.O.1. | 30× 20114 A, FL 3362 | |
| | TAMI | A, FL 3362 | > |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our r | ecords, <u>enter the name</u> | of the new registere |
| Name of New Registered Agent: | | | |

New Registered Office Address:

Enter Florida street aquiess

LAND D'LAMES, Florida 34638

City Zip Code New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

973 DAIRY FARM CT
Enter Florida street address

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|-----------------------|----------------------|
| MG R | ESTHER D. CASTRO | 17973 DAIRY FARM CT | □Add |
| | | LAND OLAKES, FL 34638 | Remove |
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| . If amending any other information, enter change(s) here | e: (Attach additional sheets, if | necessary.) | 2 2 |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be price. Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's record. | icable statutory filing requirement | (optional) as after filing.) Pursuant to 60tts, this date will not be list | 5.0207 (3)(b) ted as the |
| the record specifies a delayed effective date, but not an effective cord is filed. | time, at 12:01 a.m. on the earlier | of: (b) The 90th day after | er the |
| Dated September 19, 202 | 23. As Manager thorized representative of a stember | 4 | P |
| | as Manager | - of Man | word |
| Es ther D. Cas Typed or pro | horized representative of a stember | Real & | LLC " |
| Typed or pri | nted name of signee | | |

Filing Fee: \$25.00

2023